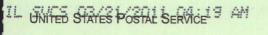
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature X Agent Addressee B. Received by (Printed Name) C. Date of Delivery
Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
LON THOMAS STAR STONE QUARRIES 4040 S 300 W SALT LAKE CITY UT 24107	Service Type □ Certified Mail □ Express Mail □ Registered □ Return Receipt for Merchandise □ Insured Mail □ C.O.D.
PB 3/15/2011 m0030026	4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from service label) 7009 3410	0001 4203 1447
PS Form 3811, February 2004 Domestic Ret	urn Receipt 102595-02-M-154





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or PO Box No SALT LAKE CITY UT 24107 City, State, ZI